

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL N

APPLICANT(S)

FILING DATE

09/529028

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				61					
2	/		/				62					
3	2		3				63					
4	3		2				64					
5	0		0				65					
6	0		0				66					
7	0		0				67					
8	0		2				68					
9	0		0				69					
10	0		0				70					
11	0		0				71					
12	0		0				72					
13					1		73					
14					1		74					
15					1		75					
16					1		76					
17					1		77					
18					1		78					
19					1		79					
20					1		80					
21					1		81					
22					1		82					
23					1		83					
24					1		84					
25					1		85					
26					1		86					
27					1		87					
28					1		88					
29					1		89					
30					1		90					
31							91					
32							92					
33							93					
34							94					
35							95					
36							96					
37							97					
38							98					
39							99					
40							100					
41							TOTAL IND.					
42							TOTAL DEP.					
43							TOTAL CLAIMS					
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.	2		2		2							
TOTAL DEP.	13	→	13	→	28	→						
TOTAL CLAIMS	15		15		30							